PRINTED: 10/19/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2354ADA 09/16/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **78 KEYSTONE AVE** THE RIDGE HOUSE **RENO. NV 89502** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 **Initial Comment** D 000 Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 9/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was five. Five resident files and three employee files were reviewed. One discharged resident file was reviewed. D 132 NAC 449.129(3) Construction Standards D 132 SS=F 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

requirements of the chapter entitled "Lodging or Rooming Houses," of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant

to NAC 449.0105.

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The inspection tag on the facility 's fire alarm was

expired. The tag was dated 2/08/08.

Severity: 2 Scope: 3

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2354ADA 09/16/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **78 KEYSTONE AVE** THE RIDGE HOUSE **RENO. NV 89502** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 132 Continued From page 2 D 132 National Fire Protection Association 101 Life Safety Code 2006 edition Chapter 26 Lodging or Rooming Houses. 26.3.6 Extinguishment Requirements. 26.3.6.3 Where an automatic sprinkler system is required or is used as an alternative method of protection, either for total or partial building coverage, the system shall be in accordance with Section 9.7 and 26.3.6.3.1 through 26.3.6.3.6. 9.7 Automatic Sprinklers and Other Extinguishing Equipment. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water -Based Fire Protection Systems requires an annual certification by a person qualified. Based on observation and record review on 9/16/09, the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) 2006 edition regarding the automatic sprinkler system. Findings include: The inspection tag on the facility 's automatic sprinkler system was expired. The tag was dated 2/08/09. Severity: 2 Scope: 3